VS. A15 — 10-

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7867 07864

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbott MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
LENGTH OF STAY (in this place) 9 days
HOSPITAL ~~OR INSTITUTION OR STREET ADDRESS~~ Memorial 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Trappe X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) B. (Last) Asmussen

4. DATE OF DEATH: (Month) Aug (Day) 19 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Aug 18, 1886
9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Minn
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mr. William Hage
14. MOTHER'S MAIDEN NAME: Elya Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (if Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hans Asmussen (Trust)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Trappe Md

151X

IMMEDIATE CAUSE (A) Carcinoma of Stomach

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19...., that I last saw the deceased alive on Pathologist 19 54 and that death occurred at 11 25 a M, from the causes and on the date stated above.

SIGNATURE: Cecil Schmidt, M.D. ADDRESS: Easton Memorial Hosp. DATE SIGNED: 20 Aug 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 8/22/54
NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Pk.
LOCATION (City, town, or county) (State): Cambridge, Md.

DATE REC'D BY LOCAL REGISTRAR: 8/20/54
REGISTRAR'S SIGNATURE: N. H. Neerux
24. FUNERAL DIRECTOR: Le Compte Funeral Service, Cambridge, Md.
ADDRESS

RECEIVED
AUG 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07865

7868 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
STREET ADDRESS (If rural give location) 20 Talbot Lane

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) C. (Last) Bartlett

4. DATE OF DEATH: (Month) August (Day) 12 (Year) 1954

5. SEX: Fe
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Jan. 13, 1890
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Matthew T. Goldsborough
14. MOTHER'S MAIDEN NAME: Ida B. Loud

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Dorothy B Banghart (daughter) Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial Infarcts

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary occlusion

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1, 1954, to Aug. 12, 1954, that I last saw the deceased alive on Aug. 12, 1954, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. H. Schmied, M.D. ADDRESS Easton Memorial Hosp. DATE SIGNED 19 Aug 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug 16-54 NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery LOCATION (City, town, or county) Easton Md. (State)

DATE REC'D BY LOCAL REGISTRAR 8/13/54 REGISTRAR'S SIGNATURE N. H. Neerus 24. FUNERAL DIRECTOR John D. Williams ADDRESS Easton Md.

RECEIVED
AUG 24 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07866

7886

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Trappe X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Trappe X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mildred (Middle) Virginia (Last) Brown
4. DATE OF DEATH: (Month) 8 (Day) 20 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6/2/04
9. AGE last birthday 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George White
14. MOTHER'S MAIDEN NAME: Nannie Wing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Mrs. Martinia Roberts Easton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

441X

IMMEDIATE CAUSE (A) Malignant Hypertensive Heart Disease — 3 Mos.

ANTECEDENT CAUSE (S) DUE TO With Cardiac Hypertrophy and Myocardial insufficiency

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Retinitis Chronic — 6 mo

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/14, 1954, to 8/20, 1954, that I last saw the deceased alive on 8/20, 1954, and that death occurred at 5A M, from the causes and on the date stated above.

SIGNATURE Frank E Mason M.D. ADDRESS 18 W Dover St Easton DATE SIGNED 8/23/54 Md

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8/23/54
NAME OF CEMETERY OR CREMATORY Trappe Cem.
LOCATION (City, town or county) Trappe (State) Md.

DATE REC'D BY LOCAL REGISTRAR 8/22/54
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR James B Dashiell ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
AUG 27 1954
BUREAU V. S.

07867

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7869 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
LENGTH OF STAY (in this place) 25 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos. 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oxford X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) (Last) BARWICK
4. DATE OF DEATH: (Month) 8 (Day) 25 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 8-18-1879
9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Carrier
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Post Office
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Mr. Frank Barwick
14. MOTHER'S MAIDEN NAME: Margaret Robinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 4
16. SOCIAL SECURITY NO. 7
17. INFORMANT & ADDRESS: Mr William Gemmell 2108 Chelsea Terrace Balt Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 420.1 (A) Myocardial Infarction

ANTECEDENT CAUSE (B) DUE TO Coronary thrombosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS M. D. Easton Memorial Hosp. DATE SIGNED 27 Aug 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Aug 28, 1954 NAME OF CEMETERY OR CREMATORY Oxford Cemetery LOCATION (City, town, or county) Oxford Md (State)

DATE REC'D BY LOCAL REGISTRAR 8/26/54 REGISTRAR'S SIGNATURE N. H. Neerus 24. FUNERAL DIRECTOR Maurice E. Thomas & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
AUG 31 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07868

7870

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton, Md 40
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton, 40
STREET ADDRESS (If rural give location) S. Washington

3. NAME OF DECEASED: (Type or Print) (First) Vedie (Middle) Mullikin (Last) Couch
4. DATE OF DEATH: (Month) Aug (Day) 18 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Nov. 17, 1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Talbot County Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles G. Mullikin
14. MOTHER'S MAIDEN NAME: Margaret Matilda Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs. J. C. Stewart, Easton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

572.1

Immediate cause (a) Gastro Intestinal Hemorrhage — Interval Between Onset And Death: 8-16-54

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diverticula of Duodenum — 1-2 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arterio sclerosis — 3-4 years

19a. DATE OF OPERATION: 0 None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1954, to Aug. 18, 1954, that I last saw the deceased alive on 8-18, 1954, and that death occurred at 9:50 A.M. from the causes and on the date stated above.

SIGNATURE William L. Winters (Degree or title) MD
ADDRESS Easton Md
DATE SIGNED 8/19/54

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF Aug 20, 54
NAME OF CEMETERY OR CREMATORY Spring Rice
LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REGISTRAR 8/19/54
REGISTRAR'S SIGNATURE N. H. Merriex
24. FUNERAL DIRECTOR [signature]
ADDRESS Easton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 24 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07869

7871 # CERTIFICATE OF DEATH Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton Rt
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) 13 Arcadia Ave.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Dotterweich

4. DATE OF DEATH: (Month) Aug (Day) 14 (Year) 1954

5. SEX: Male 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single 8. DATE OF BIRTH: Aug 3, 1954 9. AGE last birthday 10 yrs IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 10B. KIND OF BUSINESS OR INDUSTRY: none 11. BIRTHPLACE (State or foreign country): Md 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Dotterweich 14. MOTHER'S MAIDEN NAME. Marianne Jameson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) (If Yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Mrs. Marianne Dotterweich Easton Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE (A) Acute Broncho-pneumonitis? DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH [redacted]

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-3- 1954, to 8-14 1954 that I last saw the deceased alive on 8-14- 1954, and that death occurred at 9:23 AM, from the causes and on the date stated above.

SIGNATURE Harold A. Bartley M. D. ADDRESS Easton, Md. DATE SIGNED 8-14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Aug. 16, 1954 NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery LOCATION (City, town, or county) (State) Easton, Maryland

DATE REC'D BY LOCAL REGISTRAR 8/15/54 REGISTRAR'S SIGNATURE M. N. Nevins 24. FUNERAL DIRECTOR ADDRESS W. Frampton Caudle Easton

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

AUG 24
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07870

7872

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

filmG169 Item8 9-2-54 et

1. PLACE OF DEATH — COUNTY: Talbot — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (In this place): 20 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St Michaels
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Wilson (Middle) (Last) Ferguson

4. DATE OF DEATH: (Month) 8 (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 9-1-1906

9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): St. Michaels, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Ferguson

14. MOTHER'S MAIDEN NAME: Louga Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Louis O'Neill MDDME — ADDRESS: Easton Md — DATE SIGNED: 8-17-54

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF: 8/19/54 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet — LOCATION (City, town or county) (State): St. Michaels Md

DATE REC'D BY LOCAL REG. 8/18/54 — REGISTRAR'S SIGNATURE: N. H. Neires

24. FUNERAL DIRECTOR — ADDRESS: Norman L. Marshall St. Michaels, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

AUG
BUREAU V. S.

Item 9 film G168A 8/9/54 cm

07871

7887

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nearitt
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nearitt
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) E. (Last) Haddaway
4. DATE OF DEATH (Month) Aug (Day) 3 (Year) 1954
5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Jan 24 1877
9. AGE last birthday 77 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fisherman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bozman Md
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Thomas C. Haddaway
14. MOTHER'S MAIDEN NAME Mary Ann Ball
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 214-34-8001
17. INFORMANT AND ADDRESS Mrs Charles E. Haddaway Nearitt Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction — Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) cardiac failure chronic — 4-5 yrs.

(c) arteriosclerotic cardio-vascular d. — —

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8-2, 1954, to 8-3, 1954, that I last saw the deceased alive on 8-3, 1954 and that death occurred at 8:20 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS St Michaels Md DATE SIGNED 8-3-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 5, 1954
NAME OF CEMETERY OR CREMATORY Nearitt Cemetery
LOCATION (City, town, or county) Nearitt Md (State)

DATE REC'D BY LOCAL REG. Aug 24, 1954
REGISTRAR'S SIGNATURE Mrs Robert L. Seth
23. FUNERAL DIRECTOR S. Hambleton Harrison
ADDRESS St Michaels Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07872

CERTIFICATE OF DEATH

7873

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md.
LENGTH OF STAY (in this place) 26 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md. R.D. #1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Myra (Middle) — (Last) Hanks

4. DATE OF DEATH: (Month) Aug (Day) 10 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Aug 10, 1954

9. AGE last birthday yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fletcher Hanks

14. MOTHER'S MAIDEN NAME: Jean Shorrock

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 7

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr Fletcher Hanks Easton Md (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Probable Cyclothalotosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Jaundice Neo-natal. DUE TO

(c)

Interval Between Onset And Death: 26 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-10-, 1954, to 8-11-, 1954, that I last saw the deceased alive on 8-11-, 1954, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ronald F. Bartley M.D. Easton, Md. 8-11-54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation

DATE THEREOF 8/12/54

NAME OF CEMETERY OR CREMATORY Fort Lincoln

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 8/11/54

REGISTRAR'S SIGNATURE N. H. Nevins

24. FUNERAL DIRECTOR W. Frampton Carroll, Easton, Md.

ADDRESS

RECEIVED
AUG 27 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07873

7874 CERTIFICATE OF DEATH Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 29 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Jacobs
4. DATE OF DEATH: (Month) Aug (Day) 9 (Year) 1954
5. SEX: male
6. COLOR OR RACE: negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Aug 8, 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 29 Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? usa
13. FATHER'S NAME: Levi William Murray
14. MOTHER'S MAIDEN NAME: Mary Anna Jacobs
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mary Jacobs, Denton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Anoxia DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE Pathologist (Degree or title) M.D. ADDRESS Carter Memorial Hosp. DATE SIGNED 10 Aug 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/11/54
NAME OF CEMETERY OR CREMATORY Starr
LOCATION (City, town, or county) (State) Starr, Queen Anne Co. Md
DATE REC'D BY LOCAL REGISTRAR 8/10/54
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR Levi Muncy ADDRESS Denton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 17 1954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07874

CERTIFICATE OF DEATH

7875

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton.
LENGTH OF STAY (in this place) 7 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Grasonville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Malinda (Middle) (Last) Jacobs

4. DATE OF DEATH: (Month) August (Day) 22 (Year) 1954

5. SEX: female
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH:
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Little
14. MOTHER'S MAIDEN NAME: Linda Butler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 213-14-7081
17. INFORMANT & ADDRESS: Robert Jacobs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic pneumonia — Interval Between Onset And Death: 2 wks.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-15-, 1954, to 8-22-, 1954 that I last saw the deceased alive on 8-22-, 1954, and that death occurred at 7.25 A.M., from the causes and on the date stated above.

SIGNATURE Donald F. Bartley (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED 8-22-54

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible] DATE THEREOF [illegible] NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REGISTRAR 8/23/54 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR John [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08772

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: 7876
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oxford.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Howard. (Middle) M. (Last) Johnson

4. DATE OF DEATH: (Month) Aug (Day) 30 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: Jan 1, 1897

9. AGE last birthday: 57 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Henry Johnson

14. MOTHER'S MAIDEN NAME: Emily Milling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S ADDRESS: Mrs Mary Johnson

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Peritonitis acute due to

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) due to

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1, 1954, to 8/30, 1954, that I last saw the deceased alive on 8/30, 1954, and that death occurred at 10 AM, from the causes and on the date stated above.
SIGNATURE ADDRESS DATE SIGNED
M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 9/2/54 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Oxford Md

DATE REC'D BY LOCAL REGISTRAR 8/30/54 | REGISTRAR'S SIGNATURE N. H. Meeres | 24. FUNERAL DIRECTOR | ADDRESS Easton, Md

SEP 23 1954
BUREAU V. S.

Film G169, Items 8 & 9, 8-25-54,et

07875

7888

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Johnson
4. DATE OF DEATH (Month) (Day) (Year) Aug. 16. 1954

5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 9/25/1902
9. AGE last birthday 52 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Robbin
10b. KIND OF BUSINESS OR INDUSTRY Canning House
11. BIRTHPLACE (State or foreign country) Kenny Co Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Prince Johnson
14. MOTHER'S MAIDEN NAME Annie Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-01-5370
17. INFORMANT AND ADDRESS Elizabeth Brooks 460-60th St NE Washington DC.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Dyspnoea & Exhaustion — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer of Lungs (Probable) — 6 mo

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1954 to Jan 16, 1954 that I last saw the deceased alive on Jan 16, 1954 and that death occurred at 3.15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Emory Reeves Sr MD
ADDRESS T Colman MA
DATE SIGNED Aug 17 1954

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF Aug 22-54
NAME OF CEMETERY OR CREMATORY Good Will Cem
LOCATION (City, town, or county) (State) Estill Co. Carolina

DATE REC'D BY LOCAL REG. Aug 18-54
REGISTRAR'S SIGNATURE Mr Robt. L. Seth
24. FUNERAL DIRECTOR Leadstone Tilghman
ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07876

7877 CERTIFICATE OF DEATH

Reg. Dist. No. 29.0

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 2yrs 6 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Choptank Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) Choptank, Ave.

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) Bernard (Last) Keene

4. DATE OF DEATH: (Month) 8 (Day) 17 (Year) 19 54

5. SEX: m

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 9-17-1886

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Prop

10B. KIND OF BUSINESS OR INDUSTRY: Mercantile

11. BIRTHPLACE (State or foreign country): Golden Hill, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis B. Keene

14. MOTHER'S MAIDEN NAME: Bessie Mace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Wilson Keene; Choptank Ave., Easton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease with Myocardial insufficiency. — INTERVAL BETWEEN ONSET AND DEATH: 1 year.

ANTECEDENT CAUSE (S) (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hemiplegia Paralysis Rt side due to Cerebral Hemorrhage — 4 years.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1954 to Aug 17, 1954 that I last saw the deceased alive on August 17, 1954, and that death occurred at 4.30A M, from the causes and on the date stated above.

SIGNATURE Frank E Mason M. D. ADDRESS 18 W. Dover St Easton Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8/19/54 — NAME OF CEMETERY OR CREMATORY Dorchester Memorial Pk., — LOCATION (City, town, or county) (State) Cambridge, Md.

DATE REC'D BY LOCAL REGISTRAR 8-18-54 — REGISTRAR'S SIGNATURE N. N. Keene

24. FUNERAL DIRECTOR — ADDRESS Le Compte Funeral Service, Cambridge Md.

RECEIVED
AUG 24 1954
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07878

7878 CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 4
LENGTH OF STAY (in this place) 1
HOSPITAL OR ~~INSTITUTION OR STREET ADDRESS~~ Memorial 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) Goldsboro Neck

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) (Last) Larrimore

4. DATE OF DEATH: (Month) 8 (Day) 24 (Year) 1954

5. SEX. F
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: 1923
9. AGE last birthday 31 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Mr. Phillip Taylor
14. MOTHER'S MAIDEN NAME: Dora Holingsworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Louis Larrimore

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Metastatic Carcinoma of
DUE TO
(B) rt. breast
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 17 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-27-, 1953, to 8-24-, 1954 that I last saw the deceased alive on 8-24-, 1954, and that death occurred at 1 p. M, from the causes and on the date stated above.

SIGNATURE Donald F. Bartley M.D. M.D.
ADDRESS Easton, Md.
DATE SIGNED 8-24-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8/27/54
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 8/25/54
REGISTRAR'S SIGNATURE N. H. Newrick
24. FUNERAL DIRECTOR W. Frampton Carroll
ADDRESS EASTON, MD

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AUG 24 1954

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07879

7889

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Cordova
LENGTH OF STAY (in this place) 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Cordova X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) F. (Last) Lindeman

4. DATE OF DEATH: (Month) Aug (Day) 24 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Mcd.
8. DATE OF BIRTH: Mcd. 28, 1882
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wilken Lindeman
14. MOTHER'S MAIDEN NAME: Margaret Steinhauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT & ADDRESS: Wm H. F. Lindeman, Ridgely, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary artery disease

DUE TO

(c) Arteriosclerosis, generalized

Interval Between Onset And Death: sudden several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral accident March 3, 1953

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 18, 1948, to Aug. 24, 1954, that I last saw the deceased alive on July 24, 1954, and that death occurred at 6 PM, from the causes and on the date stated above.

SIGNATURE Lucy Cedares (Degree or title) M.D. ADDRESS Queen Anne Md DATE SIGNED 8/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Aug 27, 54 NAME OF CEMETERY OR CREMATORY St Pauls LOCATION (City, town, or county) Cordova (State) Md

DATE REC'D BY LOCAL REGISTRAR 8/26/54 REGISTRAR'S SIGNATURE R. H. Neeres

24. FUNERAL DIRECTOR [signature] ADDRESS Easton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 31 1 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07880

7890 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cordova
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cordova
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LILLIE (Middle) MAY (Last) MESSIX
4. DATE OF DEATH: (Month) Aug (Day) 11 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: May 13, 1896
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George H. Holden
14. MOTHER'S MAIDEN NAME: Julia R. Davis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mr Harry Messix, Cordova

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (c)

Interval Between Onset And Death: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 11 1954, to Aug 11, 1954, that I last saw the deceased alive on ....., 19....., and that death occurred at 9 30 AM, from the causes and on the date stated above.

SIGNATURE Kurt Lederer (Degree or title) M.D. ADDRESS Queen Anne Md DATE SIGNED 8/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 14 1954
NAME OF CEMETERY OR CREMATORY Old St. Joseph
LOCATION (City, town, or county) Near Cordova, (State) Md.
DATE REC'D BY LOCAL REGISTRAR 8/13/54
REGISTRAR'S SIGNATURE R. H. Neerus
24. FUNERAL DIRECTOR J. Virgil Moon, Denton, ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07881

7891 CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton; LENGTH OF STAY in this place: entire life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) First: Gertrude (Middle) (Last): Morgan

4. DATE OF DEATH: (Month) Aug (Day) 7 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write) Widowed | 8. DATE OF BIRTH: Apr. 5, 1867 | 9. AGE last birthday: 87 yrs. | If UNDER 1 YEAR: Months, Days | If UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Talbot Co. Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Craft | 14. MOTHER'S MAIDEN NAME: Jennette Dulen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Miss John Dyer

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Thrombosis Phlebitis — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arterio Sclerosis (Sclerosis) — 15 yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1940 to Aug 7th 1954 that I last saw the deceased alive on July 25th 1954, and that death occurred at 12:30 P.M. from the causes and on the date stated above.

SIGNATURE Lillian S. Seymour M.D. ADDRESS DATE SIGNED Aug. 9th 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: Aug. 10 1954 | NAME OF CEMETERY OR CREMATORY: Spring Hill Cemetery | LOCATION (City, town, or county) (State): Easton Md

DATE REC'D BY LOCAL REGISTRAR: 8/9/54 | REGISTRAR'S SIGNATURE: M. H. Pearce | 24. FUNERAL DIRECTOR: Maurice E. Pleasanton | ADDRESS: Easton Md

Joseph H. Morgan

2

AUG 17

07882

7892

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne
STREET ADDRESS (If rural, give location) Chester Md

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) NICHOLS
4. DATE OF DEATH (Month) (Day) (Year) August 11 1954
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Aug. 11 1954
9. AGE last birthday ___ yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME GEORG HILL JR.
14. MOTHER'S MAIDEN NAME MARY ANN NICHOLS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Immaturity

X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 11, 1954 to Aug 11, 1954, that I last saw the deceased alive on Aug 11, 1954 and that death occurred at 7 55 a.m., from the causes and on the date stated above.

SIGNATURE Kurt Ledery (Degree or title) M.D ADDRESS Queen Anne DATE SIGNED Aug. 13, 1954

23. ~~BURIAL~~, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 11
NAME OF CEMETERY OR CREMATORY Queen Anne Co Chester
LOCATION (City, town, or county) Queen Anne Co Chester (State) Md
DATE REC'D BY LOCAL REG. 8/11/54
REGISTRAR'S SIGNATURE N. H. Neerix
24. FUNERAL DIRECTOR Geo. Hill ADDRESS Chester Md

M

C

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 24 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07883

7879 CERTIFICATE OF DEATH Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Goldsboro St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) Goldsboro St.

3. NAME OF DECEASED: (Type or Print) (First) Zenia (Middle) P. (Last) Price

4. DATE OF DEATH: (Month) Aug. (Day) 16 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widow

8. DATE OF BIRTH: Jan. 17, 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Parrott

14. MOTHER'S MAIDEN NAME: Deborah Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Claude Ireland - Easton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — several yrs

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1946 to 8/16/54 , 1954 that I last saw the deceased alive on 8/15/54 , 1954 and that death occurred at 2 a M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Easton Md. DATE SIGNED 8/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): burial

DATE THEREOF: 8-18-54

NAME OF CEMETERY OR CREMATORY: Spring Hill Cemetery

LOCATION (City, town, or county) (State): Easton, Talbot Co. Maryland.

DATE REC'D BY LOCAL REGISTRAR: 8/18/54

REGISTRAR'S SIGNATURE: M. H. Meeres

24. FUNERAL DIRECTOR: Maurice E. Newnam & Son ADDRESS: Easton, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

RECEIVED
AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07885

7880 CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
MARYLAND
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md. R F D #1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JACKIE (Middle) (Last) Sisco

4. DATE OF DEATH: (Month) Aug (Day) 5 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: BLACK

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): CHILD

8. DATE OF BIRTH: July 11, 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 25 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Abraham Sisco

14. MOTHER'S MAIDEN NAME: Catherine Wilmer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Abraham Sisco (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Convulsion — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-3, 1954, to 8-5, 1954 that I last saw the deceased alive on 8-5, 1954, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Donald H. Bartley M.D.

ADDRESS Easton, Md.

DATE SIGNED 8-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8-7-54

NAME OF CEMETERY OR CREMATORY Copperville

LOCATION (City, town, or county) Easton, Md R 1 (State)

DATE REC'D BY LOCAL REGISTRAR 8/6/54

REGISTRAR'S SIGNATURE M.H. Meekins

24. FUNERAL DIRECTOR James B. Parrish

ADDRESS

2074288343

VS. A15

AUG 12 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07886

7881

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton Hd
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tuscomb X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Gussie (Middle) (Last) Smith

4. DATE OF DEATH: (Month) 8 (Day) 31 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: July 7, 1885
9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B KIND OF BUSINESS OR INDUSTRY: HW
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mr. William H. Lettimer
14. MOTHER'S MAIDEN NAME: Augusta L. —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. Henry Smith - Easton, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

ANTECEDENT CAUSE (S) DUE TO (B) arteriosclerotic cerebrovascular d. — —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. ~~DUE TO~~ (C) Hypertensive cardiovascular d.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug 15, 1952 to 8-31, 1954, that I last saw the deceased alive on 8-31, 1954, and that death occurred at 11 25 AM, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS St Michaels Md. DATE SIGNED 9-1-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 3, 1954
NAME OF CEMETERY OR CREMATORY Olivet Cemetery
LOCATION (City, town, or county) St. Michaels (State) Md

DATE REC'D BY LOCAL REGISTRAR 9/1/54
REGISTRAR'S SIGNATURE N. H. Neuries
24. FUNERAL DIRECTOR S. Hamilton Harrison, ADDRESS St. Michaels Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 7 1
BUCHAN V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07887

7882

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton R7D #3 Box 165
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mazie (Middle) Isabelle (Last) Thomas

4. DATE OF DEATH: (Month) August (Day) 12 (Year) 1954

5. SEX: Fe
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 12, 1903
9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): H.W.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~Addison~~ Addison Casson
14. MOTHER'S MAIDEN NAME: Cornelia Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Charles E. Thomas Denton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

446 X

Immediate cause (a) Nephrosclerosis — Interval Between Onset And Death 2 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 7, 1954, to Aug. 12, 1954, that I last saw the deceased alive on Aug. 11, 1954, and that death occurred at 3:20 am, from the causes and on the date stated above.

SIGNATURE B. Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-15-54
NAME OF CEMETERY OR CREMATORY Sandtown
LOCATION (City, town, or county) Hillsboro (State) Md

DATE REC'D BY LOCAL REGISTRAR 8/13/54
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR J J Frampton Gen Federalsburg Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 2
BUREAU V. S.

7893 07888

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL QUEEN ANNE
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL QUEEN ANNE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) LEE (Last) THOMAS

4. DATE OF DEATH (Month) August (Day) 2 (Year) 1954

5. SEX male
6. COLOR OR RACE negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH July 26, 1954
9. AGE last birthday no yrs. If under 1 year Months no Days 8 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Easton, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME WILLIAM WILMER
14. MOTHER'S MAIDEN NAME ALICE THOMAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital malformation of the heart

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 8 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 26, 1954, to August 2, 1954, that I last saw the deceased alive on July 27, 1954, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE Kent Cedric (Degree or title) M.D. ADDRESS Queen Anne DATE SIGNED Aug. 3, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 3-54
NAME OF CEMETERY OR ~~CREMATORY~~ Thomastown
LOCATION (City, town, or county) (State) Mt Hillsboro Caroline Co Md

DATE REC'D BY LOCAL REG. Aug 3-54
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville Md

2074213403

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 12 1954
BUREAU V. S.

07889

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7883 CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 36 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) 129 W. Dover St

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) B. (Last) Tray

4. DATE OF DEATH: (Month) Aug (Day) 20 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Aug. 2, 1857
9. AGE last birthday: 97 yrs. IF UNDER 1 YEAR Months — Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Kantz
14. MOTHER'S MAIDEN NAME: Rachel Kantz

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Nellie Jackson, 129 W. Dover St, Easton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) Arterio Sclerosis — Interval Between Onset And Death: 20 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Carcinoma of the Breast — 5 yrs.

DUE TO (c) with Metastasis to the face — 2 1/2 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1952, to Aug., 1954, that I last saw the deceased alive on Aug 20th 1954 and that death occurred at 12 noon, from the causes and on the date stated above.

SIGNATURE William S. Seymour (Degree or title) M.D. ADDRESS Trappe, Talbot — DATE SIGNED Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 23-1954
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) Easton (State) Maryland
DATE REC'D BY LOCAL REGISTRAR 8/22/54
REGISTRAR'S SIGNATURE N. H. Neirus
24. FUNERAL DIRECTOR John D. Williams, Easton, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 27 1 54
BUREAU V. S.

Item 18 Film G169 9-10-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07890

7884 **CERTIFICATE OF DEATH**

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
LENGTH OF STAY (in this place) 10 hrs. 41 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton X
STREET ADDRESS (If rural give location) Box 252 R.F.D. #3

3. NAME OF DECEASED: (Type or Print) (First) Susan (Middle) Ann (Last) Wagner

4. DATE OF DEATH: (Month) 8 (Day) 9 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8-9-54
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 10 Min. 41

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): USA.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Robert Wagner
14. MOTHER'S MAIDEN NAME: Mary Ann Patrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr James Robert Wagner Easton Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

5272

Immediate cause (a) Unable to Determine

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Petechae of the heart, lungs, pancreas & kidneys

DUE TO

(c) Mediastinal emphysema

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-9, 1954, to 8-9, 1954, that I last saw the deceased alive on 8-9, 1954, and that death occurred at 1:41 pm, from the causes and on the date stated above.

SIGNATURE Pathologist (Degree or title) M. D. ADDRESS Easton Memorial Hosp. DATE SIGNED 23 Aug 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 11, 1954
NAME OF CEMETERY OR CREMATORY Springhill Cemetery
LOCATION (City, town, or county) Easton Md (State)

DATE REC'D BY LOCAL REGISTRAR 8/10/54
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR S. H. Harrison, ADDRESS St. Michaels Md

208426 2424

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07891

7885

CERTIFICATE OF DEATH

Item 8 FilmG169 9-7-54 et

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
LENGTH OF STAY (in this place) 6 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston 05X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lenora (Middle) N. (Last) Wright

4. DATE OF DEATH: (Month) August (Day) 27 (Year) 1954

5. SEX: Fe
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 1884 Oct. 15, 1894
9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Luke H. Nichols
14. MOTHER'S MAIDEN NAME: Martha Edgell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Miss Viola Nichols - Preston

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

2041

IMMEDIATE CAUSE (A) Chronic myelogenous leukemia 2 yrs.

ANTECEDENT CAUSE (S) ~~DUE TO~~ (B) Carcinoma of rectum

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. ~~DUE TO~~ (C) Rt. Pyelonephritis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16, 1954, to Aug 27, 1954, that I last saw the deceased alive on Aug 26, 1954 and that death occurred at 3 35 AM, from the causes and on the date stated above.

SIGNATURE C. W. Schmidt, M.D. ADDRESS Easton Memorial Hosp. DATE SIGNED 27 Aug 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug. 30, 1954
NAME OF CEMETERY OR CREMATORY M. E. Church Cemetery
LOCATION (City, town, or county) Preston, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 8/28/54
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR T. M. Thaler ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
SEP 2 1954
BUREAU V. S.